

ENFORCEMENT DIVISION, COMPLIANCE UNIT

CHAPERONE'S REPORT

This report covers only the current quarter: ☐ Jan-Mar or ☐ Apr-Jun or ☐ Jul-Sep or ☐ Oct-Dec of 20_____.

Must receive from 5 days before until 5 days after the end date of the current quarter: e.g.: if due 3/31, must receive 3/26 to 4/5.

Faxes Not Acceptable – Original Signature Required

PRACTITIONER'S NAME _____

CHAPERONE'S NAME _____

CHAPERONE'S ADDRESS _____

CITY/STATE/ZIP _____

PHONE (HOME) _____ **PHONE (WORK)** _____

PHONE (CELL) _____ **PHONE (FAX)** _____

EMAIL ADDRESS _____

EMPLOYER _____ ☐ Full-time ☐ Part-time

ADDRESS _____ **CITY/STATE/ZIP** _____

SUPERVISOR _____ **PHONE** _____

DATE EMPLOYED _____ **JOB TITLE** _____

I understand that I am to <u>call</u> and report any concerns <u>immediately</u> to 804-662-9510	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to provide this written chaperone report, on time, for this reporting period, as detailed in the Board Order, <u>even if I have not acted as a chaperone during this period.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have acted as chaperone at least once during this current reporting period	<input type="checkbox"/> Yes <input type="checkbox"/> No
In my role as chaperone, I <u>stayed in the room and observed the practitioner's interaction with his/her patients as required by -- and as specified in -- the Board Order.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
In my role as chaperone, I <u>documented in the chart of each patient I chaperoned that I stayed in the room and observed the practitioner's interaction with that patient.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONCERNS & COMMENTS:

CHAPERONE'S SIGNATURE _____ **DATE** _____
& LICENSE, REGISTRATION,
OR CERTIFICATE NUMBER _____